HEALTHY PEOPLE 2000: STATE SUMMARY

HEALTHY PEOPLE 2000 IN LOUISIANA

INTRODUCTION

Healthy People 2000 is a set of public health objectives developed by a consortium of professionals, citizens, private organizations, and public agencies and disseminated by the U.S. Department of Health and Human Services, Centers for Disease Control. The purpose of the Healthy People 2000 report is to commit the nation to the attainment of three broad goals:

- Increase the span of healthy life
- Reduce health disparities
- Achieve access to preventive services for all Americans.

The national Healthy People 2000 report presents opportunities for attaining these goals in the form of measurable objectives to be achieved by the year 2000. The objectives are grouped into 22 priority areas. The report is deliberately comprehensive to allow local communities and States the opportunity to focus on their own highest priority needs.

OVERVIEW OF HP2000 PRIORITY AREAS

Information presented in the Overview section is extracted from *Healthy People 2000 Review 1997*, published by U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Please refer to the *Healthy People 2000 Review 1997* for detailed descriptions of the HP2000 indicators and for listings of the source references for the statistics sited in this overview.

Priority Area 1: Physical Activity and Fitness
Physical activity has been demonstrated to have protective effects for several chronic diseases, including coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, colon cancer, depression, and anxiety. On average, physically active people outlive those who are inactive. Regular physical activity can also help to maintain the functional independence of older adults and enhance the quality of life for people of all ages.

Priority Area 2: Nutrition
Dietary factors contribute substantially to preventable illness and premature death in the United States. For the majority of adults who do not smoke and do not drink excessively, what they eat is the most significant controllable risk factor affecting their long-term health. Five major causes of death are associated with dietary factors: coronary heart disease, some types of cancer, stroke, noninsulin-dependent diabetes mellitus, and coronary artery disease. In general, once-prevalent nutrient deficiencies have been replaced by excesses and imbalances of other food components in the diet. Undernutrition still occurs, however, in some groups of people, including those who are isolated or economically deprived.

Priority Area 3: Tobacco
Tobacco use is responsible for approximately one of every five deaths in the United States and is the single most important preventable cause of death and disease in our society. Cigarette smoking accounts for approximately 430,000 deaths yearly, including 21 percent of all coronary heart disease deaths, 87 percent of all lung cancer deaths, and 82 percent of all deaths from chronic obstructive pulmonary disease. Smoking is responsible for more than 5 million years of potential life lost each year. One out of three young people who become regular smokers will die of a smoking-related disease. If current smoking patterns continue, an estimated 25 million persons in the United States who are alive today will die prematurely from smoking-related illnesses, including an estimated 5 million persons now under 18 years of age.

Priority Area 4: Substance Abuse - Alcohol and Other Drugs
Large numbers of Americans have misused alcohol and used illicit drugs; these behaviors can have serious health and social consequences. Approximately 11 percent of preventable deaths are related to alcohol and illicit drug use. Alcohol is associated with motor vehicle crash fatalities and fatal intentional injuries such as suicides and homicides. Heavy alcohol use has increased among young people; 30 percent of high school seniors and 40 percent of college students had had five or more drinks on one occasion within a previous 2-week period in 1995. Injecting drug users and their sexual partners are at high risk of infection with human immunodeficiency virus, the eighth leading cause of death in 1995.

Priority Area 5: Family Planning
The formation and growth of families have significant public health and sociopsychological impact on society and on individuals. Family planning, defined as the process of establishing the preferred number and spacing of children in one's family and selecting the means by which this is achieved, presupposes the importance of both family and planning. Problems attendant to poor family planning exact serious health and social costs. Low birthweight, high rates of infant mortality, and inadequate monetary and family support are some of the consequences of poor family planning. Recent research suggests that educating young potential parents about the financial, welfare, and social costs of pregnancy may improve decision making, which may, in turn, reduce the likelihood of an unintended pregnancy.

Priority Area 6: Mental Health and Mental Disorders
Mental health refers to an individual's ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioral incapacity. Mental health and mental disorders can be affected by numerous conditions ranging from biologic and genetic vulnerabilities, to acute or chronic physical dysfunction, to environmental conditions and stresses. Addressing the range of these contingencies requires a balance of minimizing risk factors and maximizing protective factors and combining prevention with treatment. This balance will become increasingly important with the growth of managed care and increased efforts to contain costs.

Priority Area 7: Violent and Abusive Behavior
Violent and abusive behaviors continue to be major causes of death, injury, and stress in the United States. Violence produces extensive physical costs and emotional consequences for society. The widespread nature of these consequences may indicate that interpersonal violence has become a common part of social interaction in many domestic settings. It may also become a mode of behavior adopted by future generations raised in such settings. Firearms play a major role in both interpersonal and self-directed violence, especially among younger victims. Handguns are the primary means for the majority of this violence; they are used in about 75 percent of all firearm crimes and firearm suicides. While laws limiting access to firearms and mandatory sentences for felony firearm use appear to reduce

and/or prevent both self-directed and interpersonal violent injuries, a combined effort by law enforcement and public health services will be necessary to address the problem of violence effectively.

Priority Area 8: Educational and Community-Based Programs

A supportive social environment may be one of the key factors in successfully influencing positive behaviors and changing negative behaviors that contribute to many of today's leading health threats. Consequently, leadership, collaboration, and initiatives at the community level are fundamental to progress. Educational and community-based interventions are designed to reach groups of people outside traditional healthcare settings. Many of these intervention programs are located in specially targeted sites in the community; these programs are designed for people who come together in diverse settings, such as students within a school, employees at a worksite, or members of civic or religious groups that meet regularly. Other programs are best planned as community-wide health promotion initiatives to reach large numbers of people with highly visible and more easily implemented intervention. Community-based programs are increasingly recognizing the importance of addressing the social and physical environment in which positive behaviors are reinforced.

Priority Area 9: Unintentional Injuries

Unintentional injuries are the fifth leading cause of death in the United States, accounting for nearly 90,000 deaths in 1995. They are a major cause of disabilities and hospitalization and have a significant impact on health care costs. Motor vehicle injuries remain the most costly and fatal of unintentional injuries, although efforts to reduce motor vehicle-related injuries (i.e. safety belt laws, child safety seats, motorcycle helmets, and laws limiting drinking to age 21 and over) show promise. Fires and fire-related injuries are also costly in terms of lives, property, and health care. More than one-quarter of fire deaths are attributable either to arson or to children playing with fires. Three-quarters of the fires started by children were attributed to children aged 5 and under playing with matches or lighters; nearly one-half of arsons are attributed to youths 18 years of age and under. Residential fires caused by smoking have declined from the baseline level, but remain important problems related to fire safety. These data strongly emphasize the need to target fire prevention efforts toward youth. Finally, although less visible, fall-related injuries and deaths among older Americans are increasing; this is in part attributable to the aging of the population. The costs associated with fall-related injuries are extensive, but many of these injuries are preventable through exercise, diet, building redesign, and other interventions.

Priority Area 10: Occupational Safety and Health

Work-related injuries and illnesses continue to place an enormous burden on U.S. workers and on the economy. In 1993, work-related injuries alone cost $121 billion in medical care, lost productivity, and wages. While the human and financial costs of occupational injuries are extensive, efforts to reduce these injuries are often successful and cost-effective. Efforts to prevent workplace injuries and deaths continue to include research and other traditional public health approaches. In response to new concerns such as workplace violence, workplace injury prevention is expanding to incorporate interventions from criminal justice and other disciplines.

Priority Area 11: Environmental Health

Environmental factors play a fundamental role in health and disease. One of the first public health interventions to control disease (cholera) succeeded through control of a contaminated public water supply. Continued emphasis on sanitation, vector control, and pollution prevention is needed to deal with the complex interactions of both chemical and biological threats to health. Also needed is a greater understanding of the scientific relationship of toxic exposure on human health. The monitoring of public

exposure to an increasing number of toxins and research into the relationship of toxic exposure to disease are important but are confounded by the complexities involving the measurement of environmental toxins, the relative exposure of the population, and individual characteristics that mitigate the effects of exposure. Research will aid priority setting among environmental and public health interventions. In addition to assessing and redressing the effects of pollution, research-based initiatives in manufacturing should reduce the introduction of waste into the environment.

Priority Area 12: Food and Drug Safety

The development of systems to protect consumers from the dangers posed by unapproved food additives, pesticides, food contaminants, and drugs has been a major public health accomplishment. Despite many effective food and drug safety procedures, this country still experiences outbreaks of foodborne diseases and incidents of therapeutic drug-related illness and death. Foodborne disease outbreaks sometimes result from failures in protective systems, but are more often the result of improper food handling. Samonella enteritidis, Campylobacter jejuni, Escherichia coli O157:H7, and Listeria monocytogenes are four of the most common foodborne pathogens in the United States, based on numbers of reported cases and the severity of illness. Children, the very old, and people with immunological deficiencies are at increased risk of infection and death resulting from food contamination. Older adults, who use more prescription and nonprescription medicines than younger people, are at increased risk of suffering adverse drug reactions. The physiological changes associated with increasing age and particular diseases and conditions may alter the effects of drugs. In addition, use of multiple medications increases the risk of an adverse outcome.

Priority Area 13: Oral Health

Oral diseases are among the most common health problems in the United States. Among school-aged children, 45 percent have caries in their permanent teeth. Among adults, 94 percent show evidence of past or current tooth decays. An average of 21.5 tooth surfaces has been affected by decay among all dentate adults. Periodontal diseases are also a chronic problem. Over 90 percent of people 13 years and over show some evidence of periodontal problems. Moderate periodontal disease was evident in approximately 25 percent of people. Expenditures for dental care were $39 billion in 1992. In 1989 dental visits or problems resulted in 148 hours missed from work per 100 employed people, 117 hours missed from school per 100 school-aged children, and 17 days with restricted activity per 100 people among the total U.S. population.

Priority Area 14: Maternal and Infant Health

Improving the health of mothers and infants is a national priority. Nearly 30,000 infants died before their first birthday in 1995. Although the infant mortality rate in the United States continues to decline and has reached an all-time low, the decline has been more rapid for the white population than for the black population. The mortality rate for black infants remains more than twice the rate for white infants. In the past decade some important measures of increased risk of infant death, such as incidence of low/very low birthweight, have actually increased. Despite the importance of early prenatal care in protecting against low birthweight and infant mortality, nearly one of every five pregnant women receives no care in the first trimester of pregnancy. An expectant mother with no prenatal care is three times as likely to have a low-birthweight baby. Further reductions in infant mortality and morbidity will require a focus on strategies to modify the behaviors and lifestyles that affect birth outcomes.

Priority Area 15: Heart Disease and Stroke
Over the past 20 years, the death rate for cardiovascular disease has declined dramatically: 46 percent for all cardiovascular disease, 51 percent for coronary heart disease, and 60 percent for stroke. Even so, cardiovascular diseases, primarily coronary heart disease and stroke, kill nearly as many Americans as all other diseases combined. Cardiovascular disease is also among the leading causes of disability. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, cigarette smoking, obesity, and physical inactivity. High blood pressure is one of the most important modifiable risk factors for cardiovascular disease.

Priority Area 16: Cancer
Cancer is the second leading cause of death in the United States, accounting for nearly one out of every four deaths. Although cancer remains a major health problem in the United States, there is evidence that the prospects of preventing and surviving cancer continue to improve. Specifically, perhaps as much as 50 percent or more of cancer incidence can be prevented through smoking cessation and changed dietary habits. The scientific evidence for smoking as a cause of cancer has been recognized for over 40 years. The evidence for diet's contribution has emerged over the past decade and has progressed to the extent that recommendations for prudent dietary changes, such as less fat and more fruits and vegetables, can now be made.

PROGRESS MADE TOWARD REACHING HP2000 GOALS

This following charts present information on selected HP2000 health indicators that are followed by the State Center for Health Statistics. The indicators described in these charts have been selected for presentation here because they use vital event data to measure progress made toward the HP2000 goals. Some indicators are utilized by more than one priority area, as noted in the text that accompanies each indicator.

Progress for each indicator is presented in chart format, with Louisiana and United States data being charted for comparison with the Year 2000 U.S. Target. The charts also project Louisiana's trends toward or away from the Year 2000 Targets. The projection lines were fitted using the least square method of linear regression. It should be noted that these projections are based on the assumption that past and current patterns will continue into the future until the year 2000.

For each indicator, a chart describes progress made by the total state population between 1987 and 1996. For many indicators, additional charts describe progress made by population subgroups that suffer especially from health disparities. Because of these disparities, HP2000 goals for these subpopulations are less stringent than those for the total population.

United States data presented in these charts were obtained from *Healthy People 2000 Review 1997*. Louisiana data were generated by the Louisiana State Center for Health Statistics.

Coronary Heart Disease Death

Coronary heart disease death rates are used to measure progress in Priority Areas 1: Physical Activity and Fitness, 2: Nutrition, 3: Tobacco, and 15: Heart Disease and Stroke. The HP2000 objective is to reduce the coronary heart disease age-adjusted death rate to 100 per 100,000 in the general population and 115 per 100,000 in African-Americans.

Figure HP1. Coronary Heart Disease Death Rates
Louisiana and United States, 1987-1996

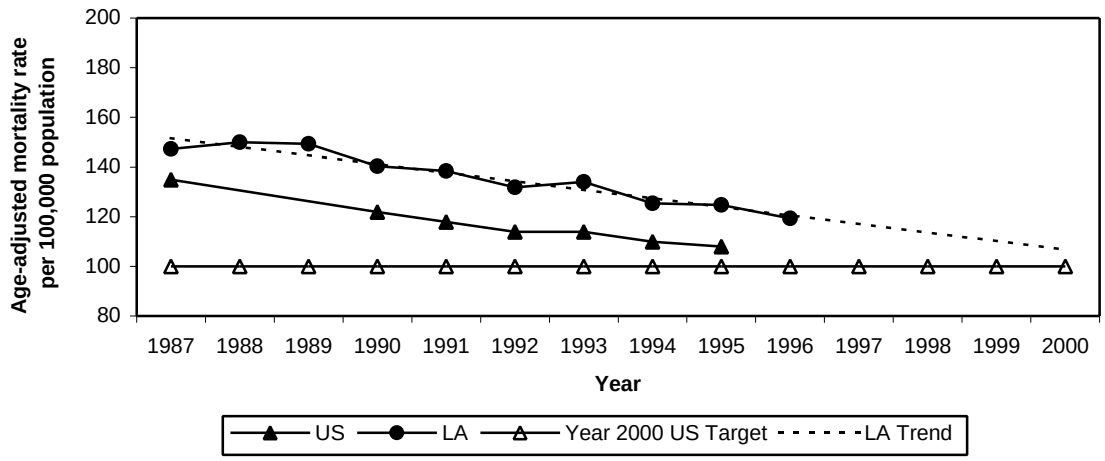
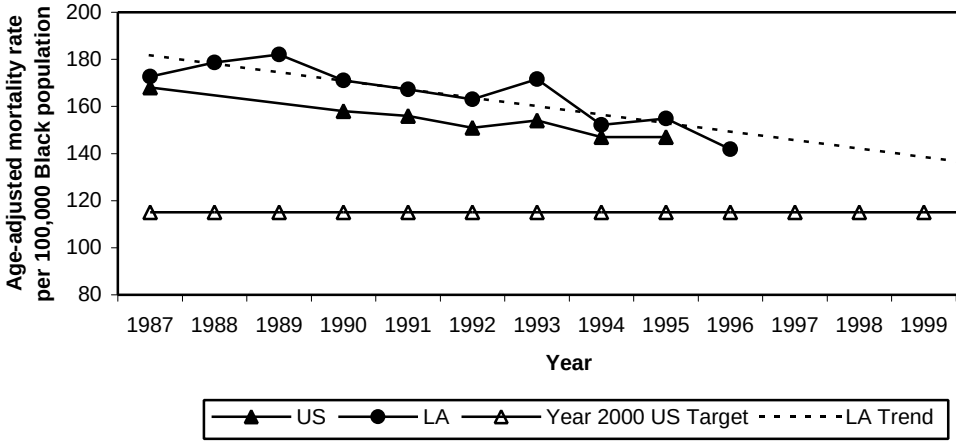


Figure HP2. Coronary Heart Disease Death Rates in Blacks
Louisiana and United States, 1987-1996



Cancer Death

Cancer death rates are used to measure progress in Priority Areas 2: Nutrition and 16: Cancer. The HP2000 objective is to reduce the cancer age-adjusted death rate to 130 per 100,000 in the general population and 175 per 100,000 in African-Americans.

Figure HP3. Cancer Death Rates
Louisiana and United States, 1987-1996

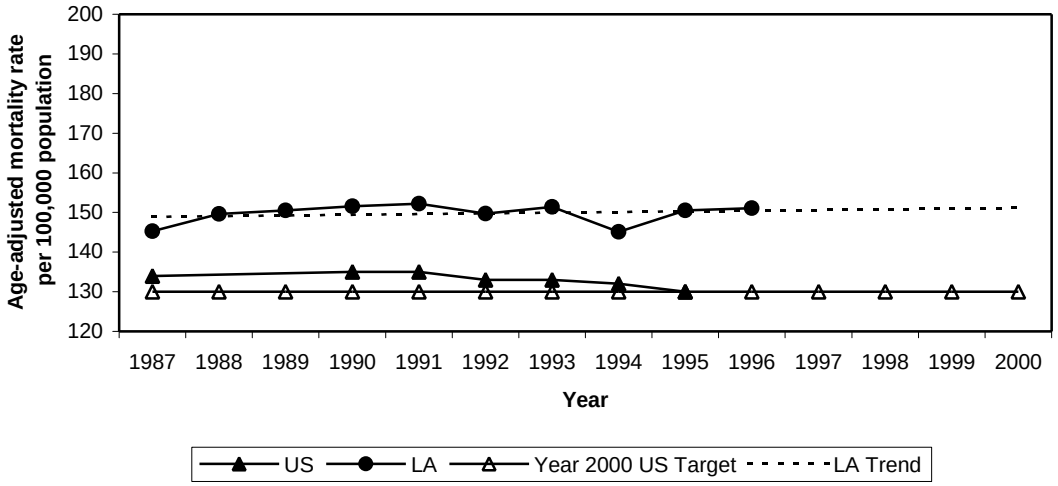
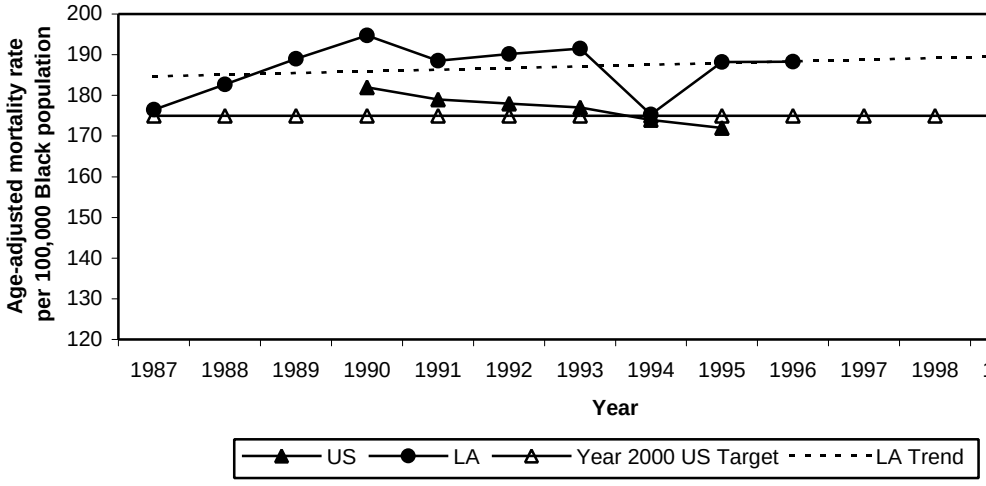


Figure HP4. Cancer Death Rates in Blacks
Louisiana and United States, 1987-1996



Colorectal Cancer Death

Colorectal cancer death rates are used to measure progress in Priority Areas 2: Nutrition and 16: Cancer. The HP2000 objective is to reduce the colorectal cancer age-adjusted death rate to 13.2 per 100,000 in the general population and 16.5 in African-Americans.

Figure HP5. Colorectal Cancer Death Rates
Louisiana and United States, 1987-1996

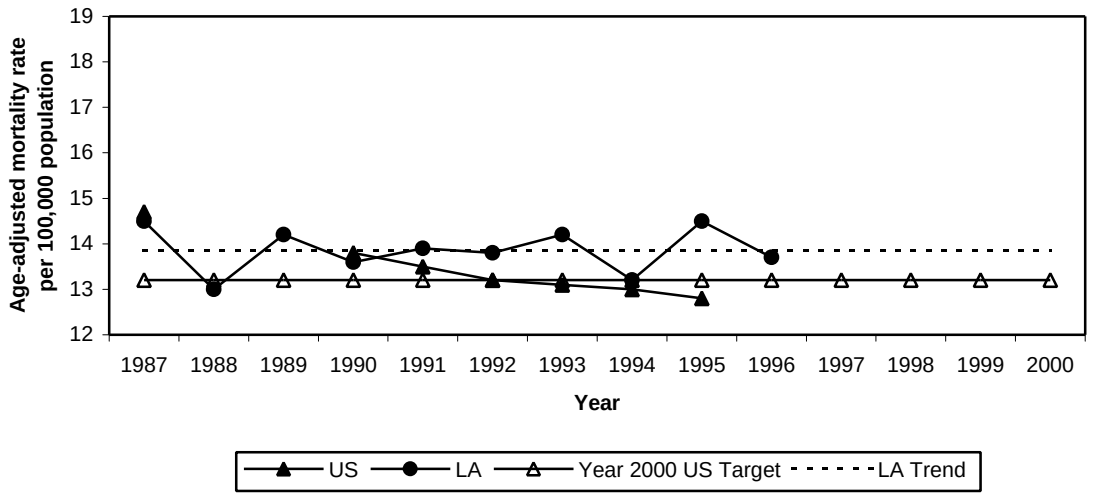
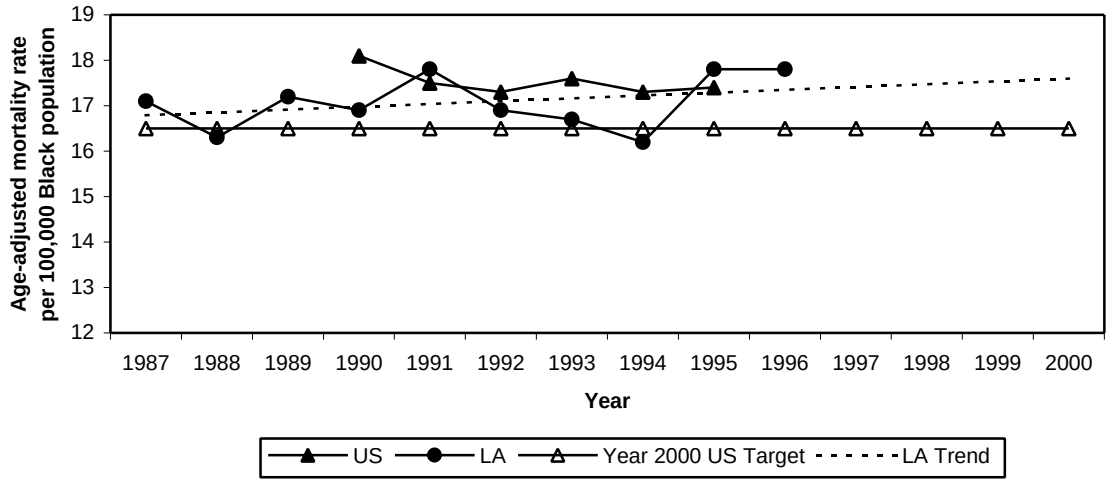


Figure HP6. Colorectal Cancer Death Rates in Blacks
Louisiana and United States, 1987-1996



Lung Cancer Death

Lung cancer death rates are used to measure progress in Priority Areas 3: Tobacco and 16: Cancer. The HP2000 objective is to slow the rise in the lung cancer age-adjusted death rate to 42 per 100,000 in the general population and 27 per 100,000 in females.

Figure HP7. Lung Cancer Death Rates
Louisiana and United States,1987-1996

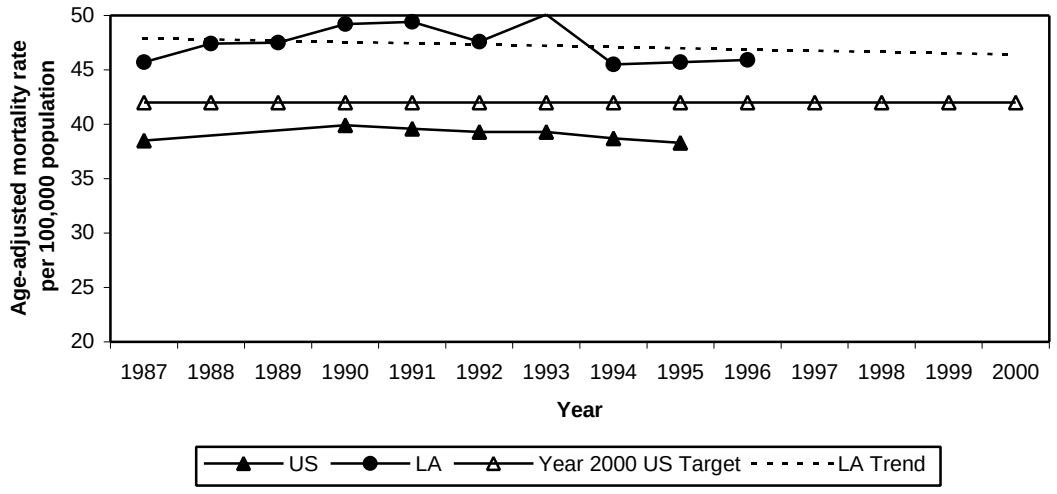
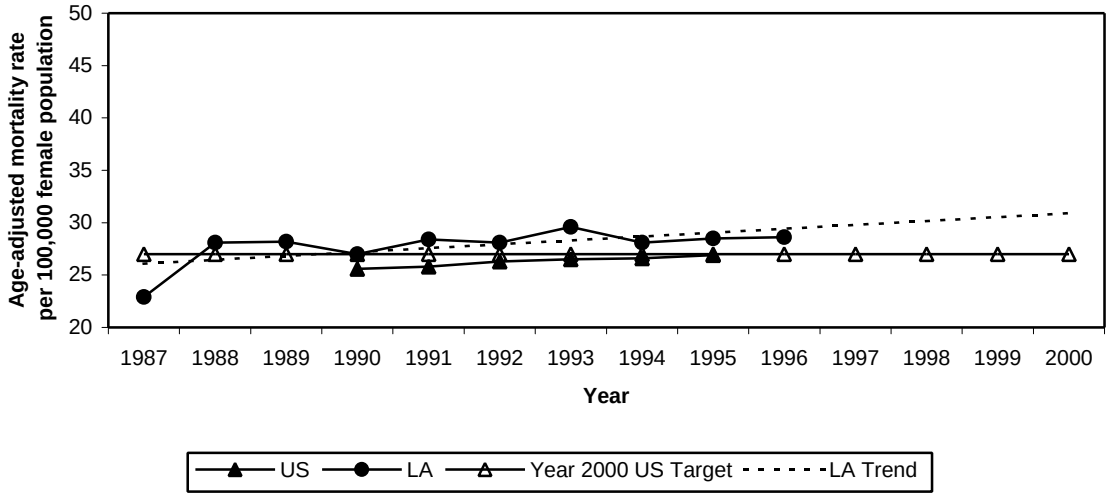


Figure HP8. Lung Cancer Death Rates in Females
Louisiana and United States, 1987-1996



Female Breast Cancer Death

Female breast cancer death rates are used to measure progress in Priority Area 16: Cancer. The HP2000 objective is to reduce the breast cancer age-adjusted death rate to 20.6 per 100,000 in the general population and 25 per 100,000 in African-Americans.

Figure HP9. Female Breast Cancer Death Rates
Louisiana and United States, 1987-1996

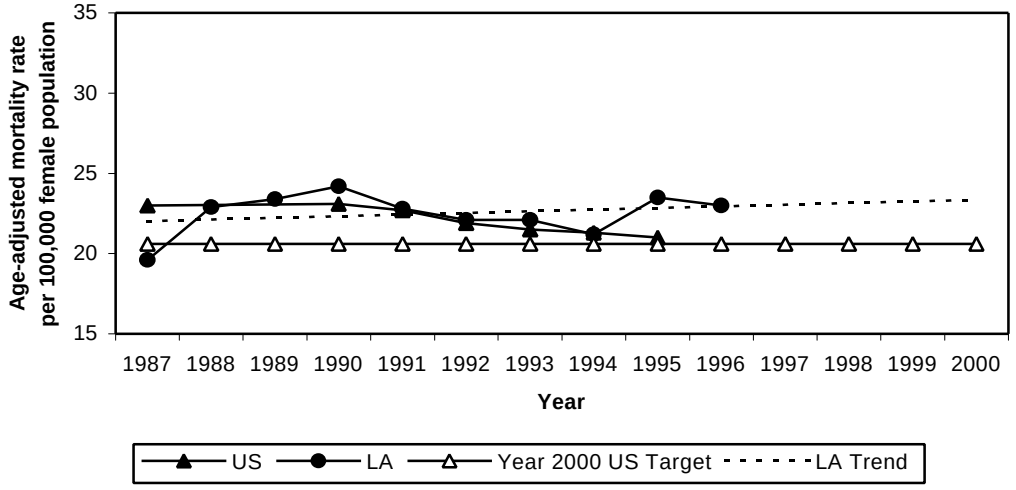
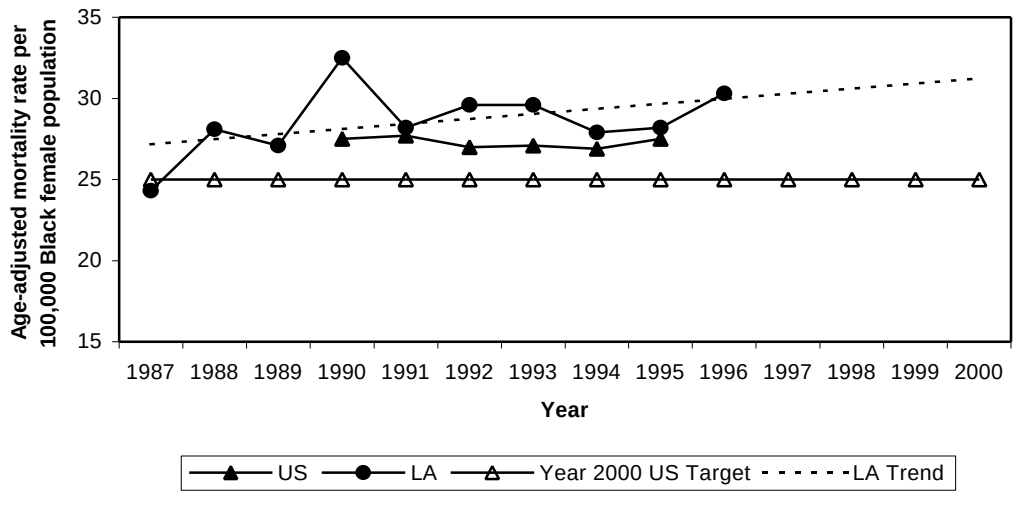


Figure HP10. Female Breast Cancer Death Rates in Blacks
Louisiana and United States, 1987-1996



Cervical Cancer Death

Cervical cancer death rates are used to measure progress in Priority Area 16: Cancer. The HP2000 objective is to reduce the cervical cancer age-adjusted death rate to 1.3 per 100,000 in the general population and 3 per 100,000 in African-Americans.

Figure HP11. Cervical Cancer Death Rates
Louisiana and United States, 1987-1996

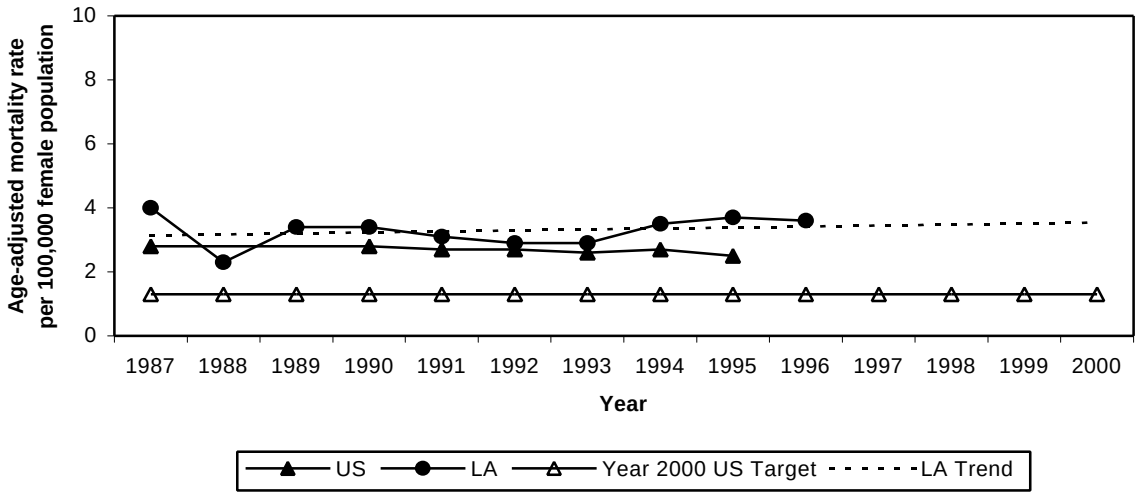
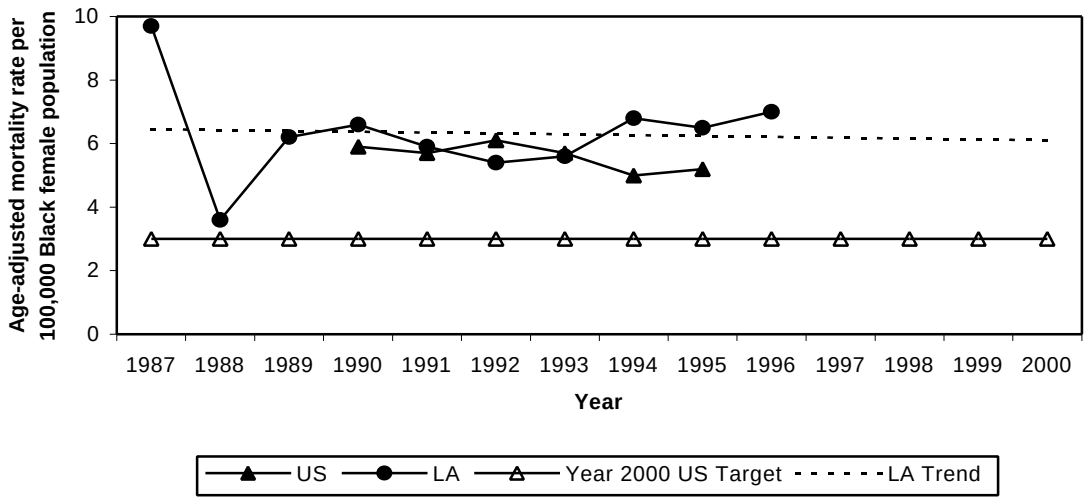


Figure HP12. Cervical Cancer Death Rates in Blacks
Louisiana and United States, 1987-1996



Stroke Death

Stroke death rates are used to measure progress in Priority Areas 2: Nutrition, 3: Tobacco, and 15: Heart Disease and Stroke. The HP2000 objective is to reduce the stroke age-adjusted death rate to 20 per 100,000 in the general population and 27 per 100,000 in African-Americans.

Figure HP13. Stroke Death Rates
Lousiana and United States, 1987-1996

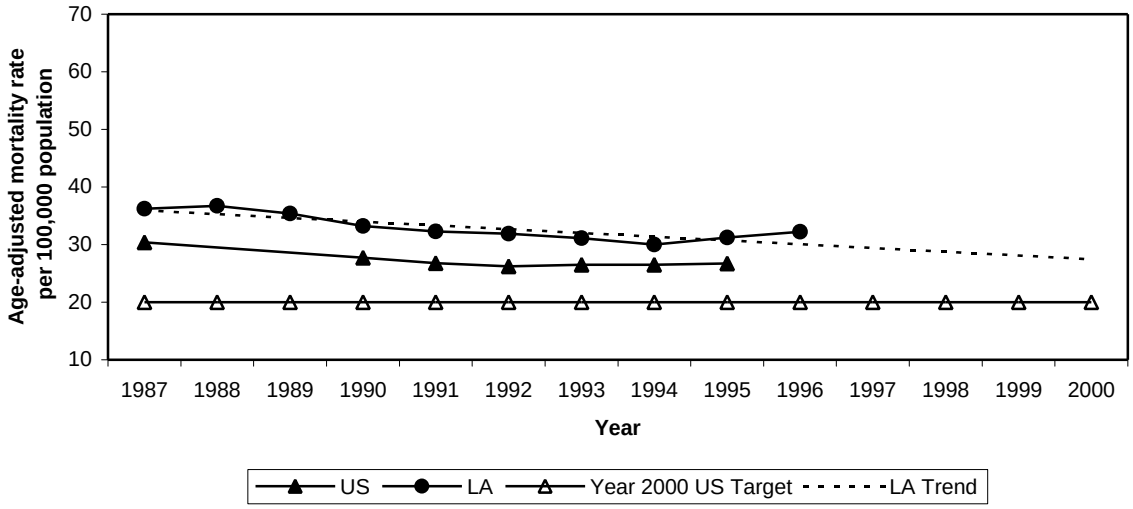
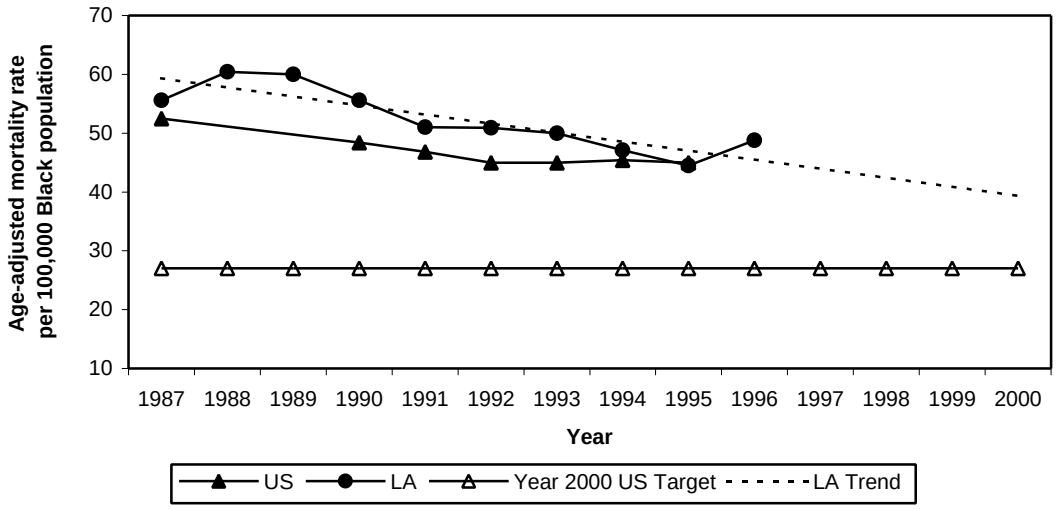


Figure HP14. Stroke Death Rates in Blacks
Louisiana and United States, 1987-1996



Drug-Related Death

Drug-related death rates are used to measure progress in Priority Area 4: Substance Abuse: Alcohol and Other Drugs. The HP2000 objective is to reduce the drug-related age-adjusted death rate to 3 per 100,000 in the general population and 3 per 100,000 in African-Americans.

Figure HP15. Drug-Related Death Rates
Louisiana and United States, 1987-1996

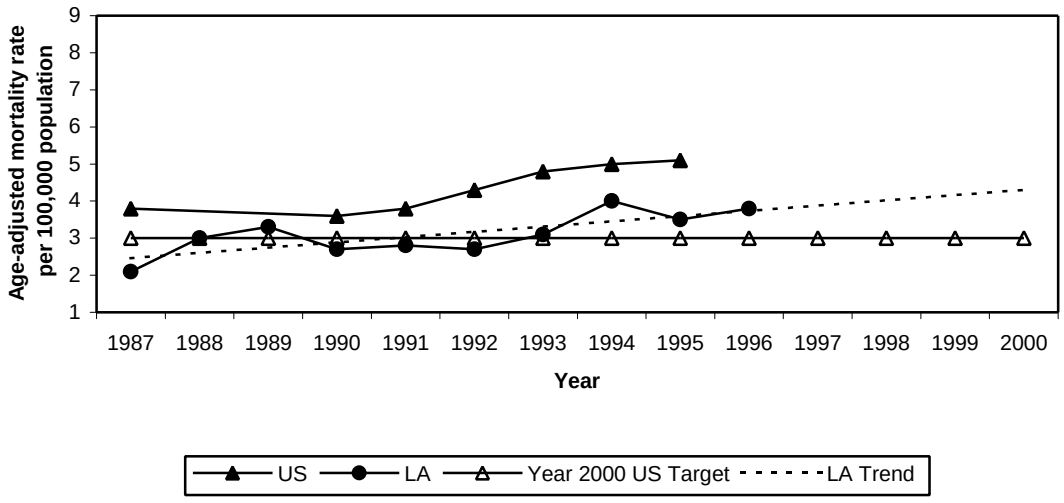
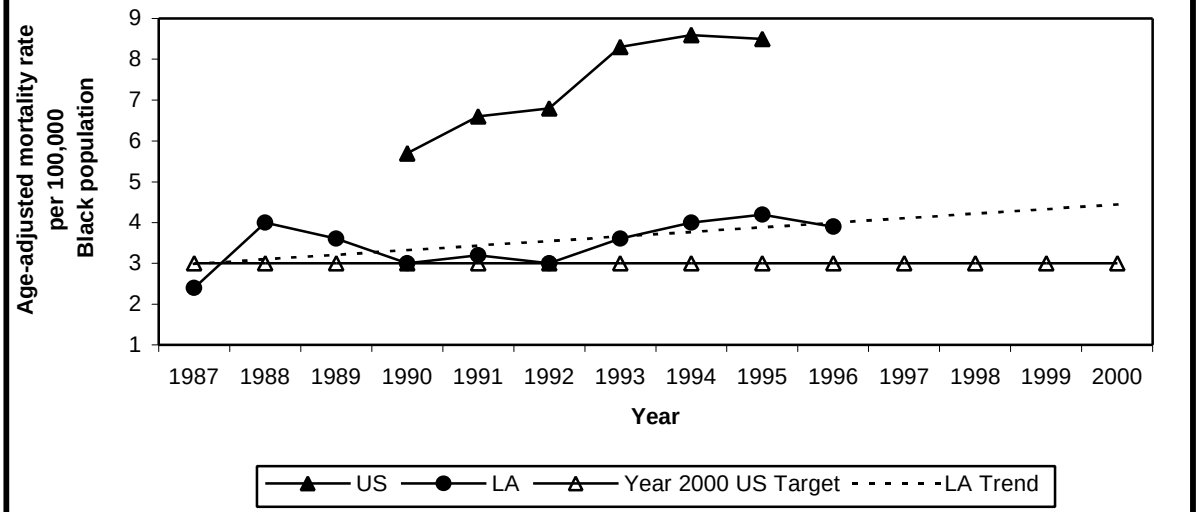


Figure HP16. Drug-Related Death Rates in Blacks
Louisiana and United States, 1987-1996



Firearm-Related Death

Firearm-related death rates are used to measure progress in Priority Area 7: Violent and Abusive Behavior. The HP2000 objective is to reduce the firearm-related age-adjusted death rate to 11.6 per 100,000 in the general population and 30 per 100,000 in African-Americans.

Figure HP17. Firearm-Related Death Rates
Louisiana and United States, 1987-1996

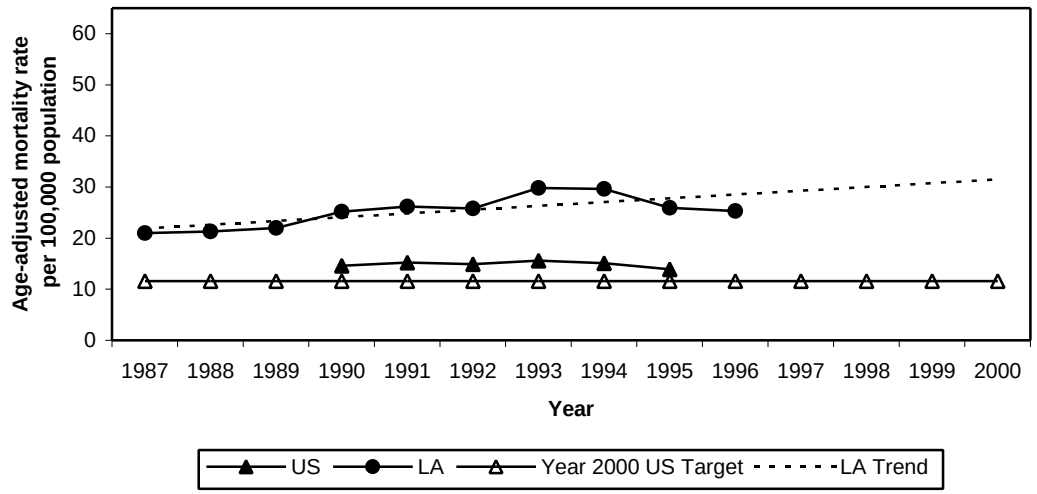
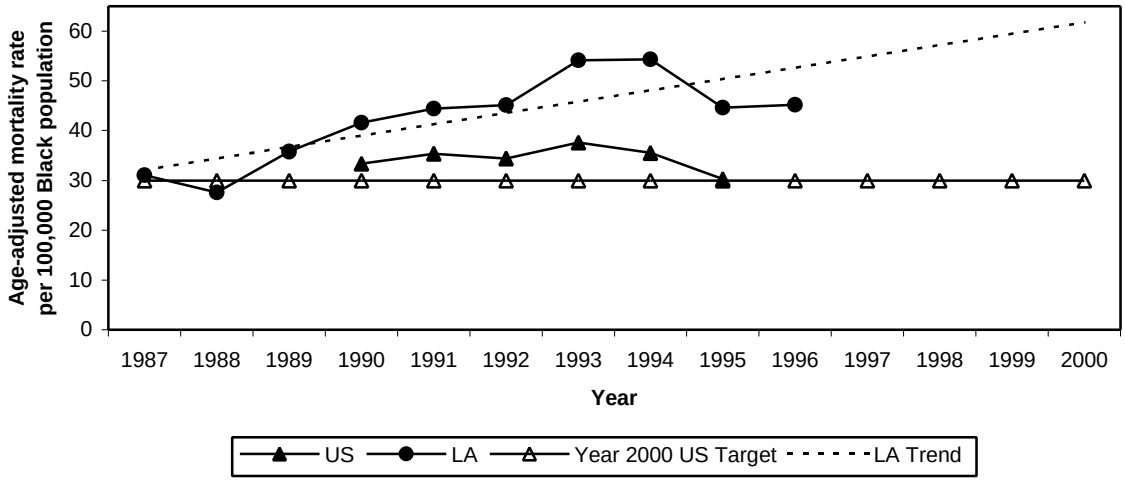


Figure HP18. Firearm-Related Death Rates in Blacks
Louisiana and United States, 1987-1996



Homicide

Homicide rates are used to measure progress in Priority Area 7: Violent and Abusive Behavior. The HP2000 objective is to reduce the homicide age-adjusted death rate to 7.2 per 100,000 in the general population.

Figure HP19. Homicide Rates
Louisiana and United States, 1987-1996

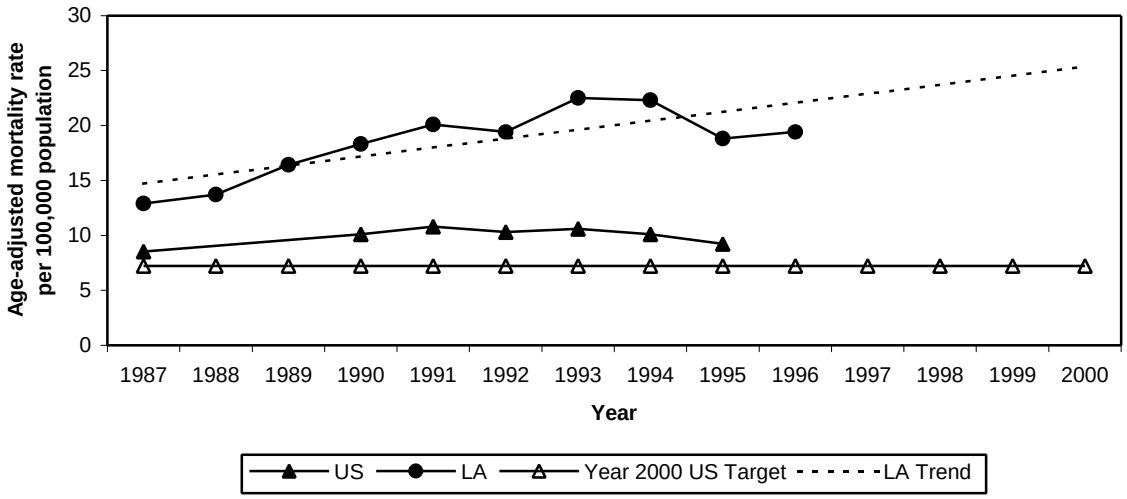
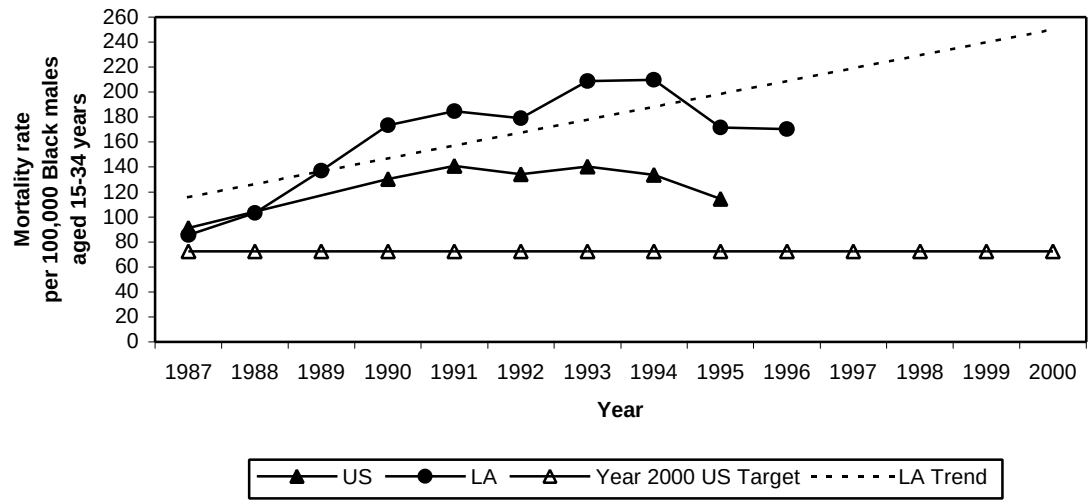


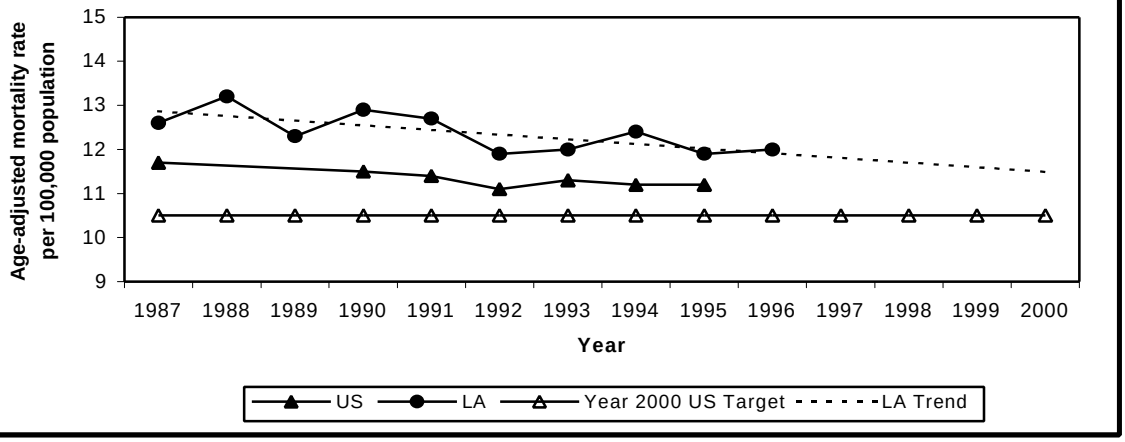
Figure HP20. Homicide Rates in Black Males 15-34 Years
Louisiana and United States, 1987-1996



Suicide

Suicide rates are used to measure progress in Priority Areas 6: Mental Health and Mental Disorders and 7: Violent and Abusive Behavior. The HP2000 objective is to reduce the suicide age-adjusted death rate to 10.5 per 100,000 in the general population.

Figure HP21. Suicide Rates
Louisiana and United States, 1987-1996



Unintentional Injury Death

Unintentional injury death rates are used to measure progress in Priority Area 9: Unintentional Injuries. The HP2000 objective is to reduce the unintentional injury age-adjusted death rate to 29.3 per 100,000 in the general population, 51.9 per 100,000 in African-American males and 42.9 per 100,000 in white males.

Figure HP22. Unintentional Injury Death Rates
Louisiana and United States, 1987-1996

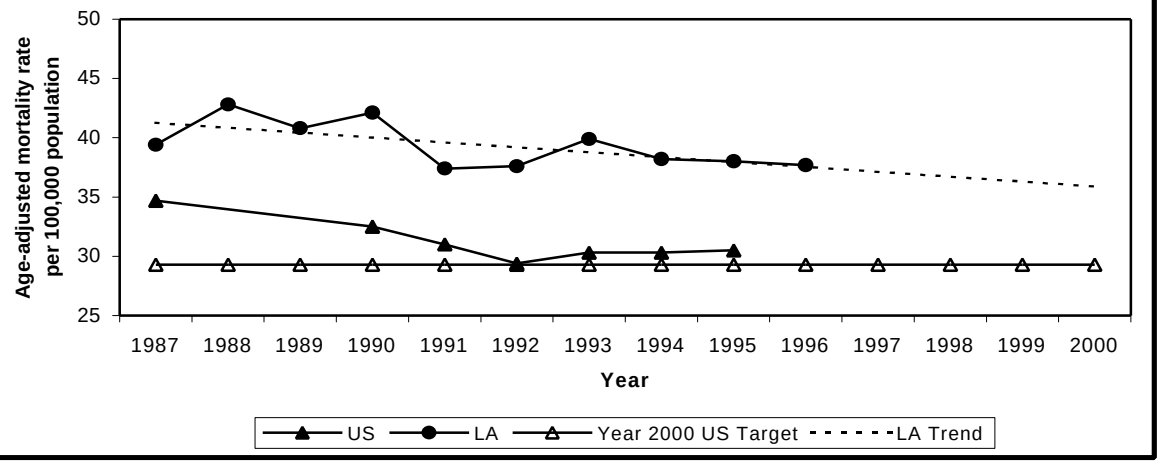


Figure HP23. Unintentional Injury Death Rates in Black Males Louisiana and United States, 1987-1996

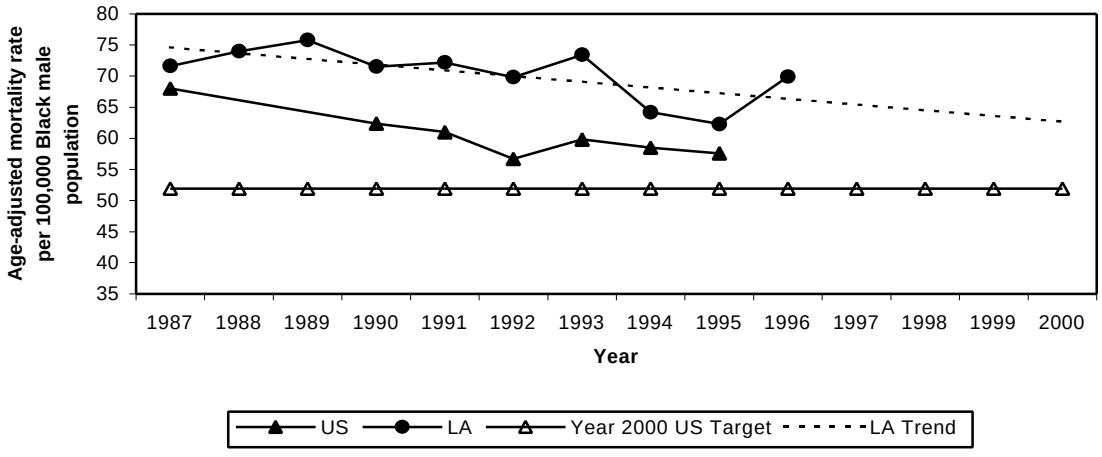
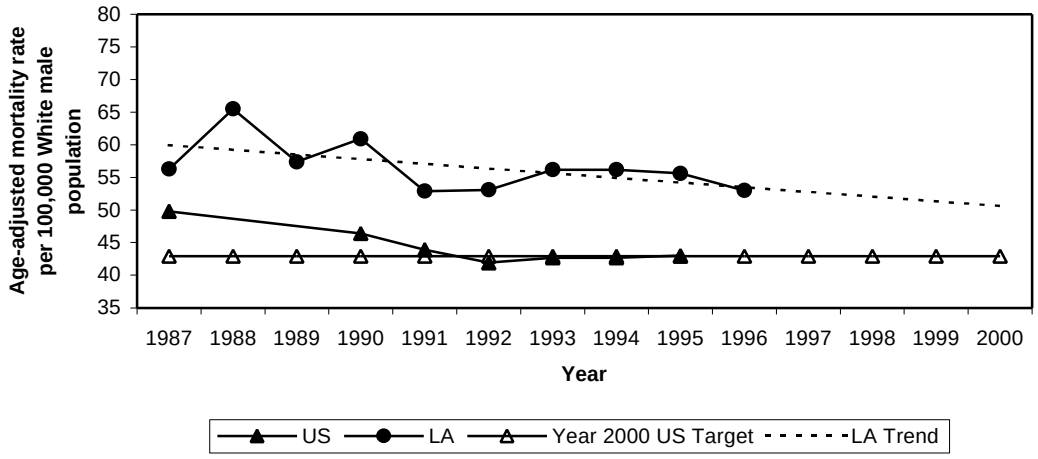


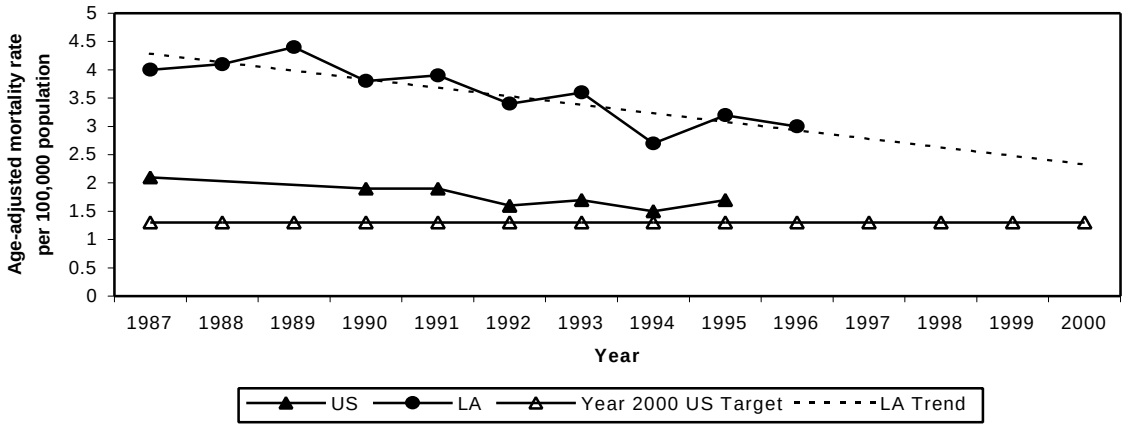
Figure HP24. Unintentional Injury Death Rates in White Males Louisiana and United States, 1987-1996



Drowning

Drowning death rates are used to measure progress in Priority Area 9: Unintentional Injuries. The HP2000 objective is to reduce the drowning age-adjusted death rate to 1.3 per 100,000 in the general population.

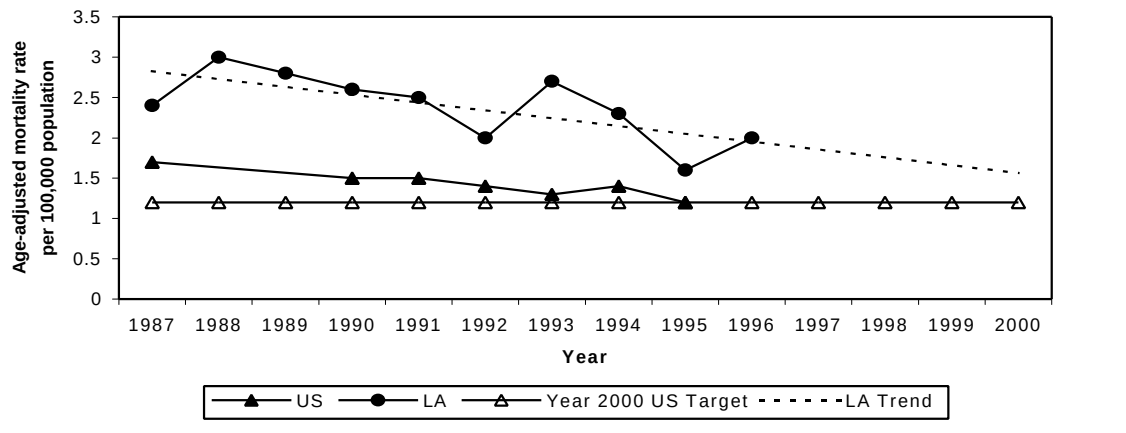
Figure HP25. Drowning Death Rates
Louisiana and United States, 1987-1996



Residential Fire Death

Residential fire death rates are used to measure progress in Priority Area 9: Unintentional Injuries. The HP2000 objective is to reduce the residential fire age-adjusted death rate to 1.2 per 100,000 in the general population.

Figure HP26. Residential Fire Death Rates
Louisiana and United States, 1987-1996



Fetal Death

Fetal death rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to reduce the fetal rate to 5 per 1,000 live births in the general population and 7.5 per 1,000 in African-Americans.

Figure HP27. Fetal Death Rates
Louisiana and United States, 1987-1996

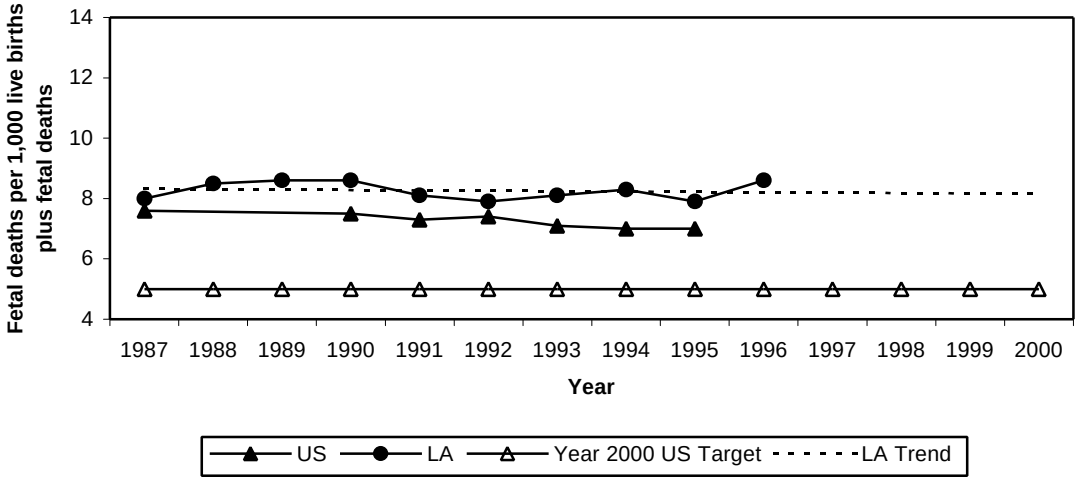
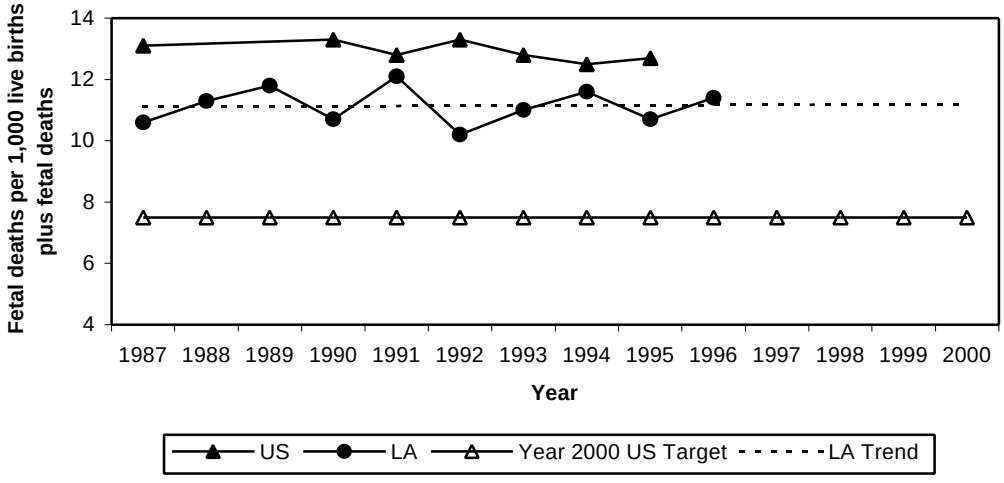


Figure HP28. Fetal Death Rates in Blacks
Louisiana and United States, 1987-1996



Infant Mortality

Infant mortality rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to reduce the infant mortality rate to 7 per 1,000 live births in the general population and 11 per 1,000 live births in African-Americans.

Figure HP29. Infant Mortality Rates
Louisiana and United States, 1987-1996

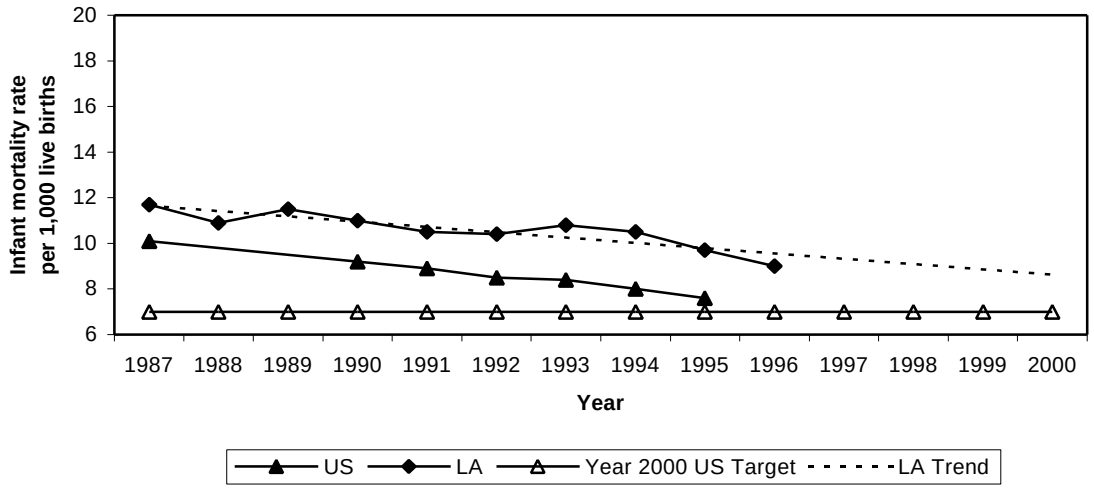
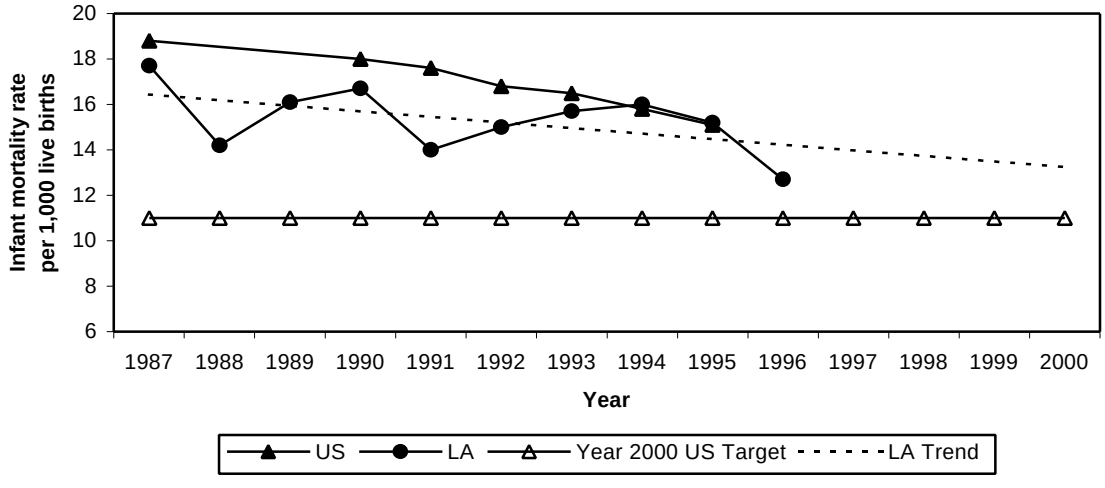


Figure HP30. Infant Mortality Rates in Blacks
Louisiana and United States, 1987-1996



Low Birth Weight

Low birth weight rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to reduce the percentage of live births less than 2500 grams (5 pounds 8 ounces) to 5 percent in the general population and 9 percent in African-Americans.

Figure HP31. Percents of Live Births Less Than 2500 Grams Louisiana and United States, 1987-1996

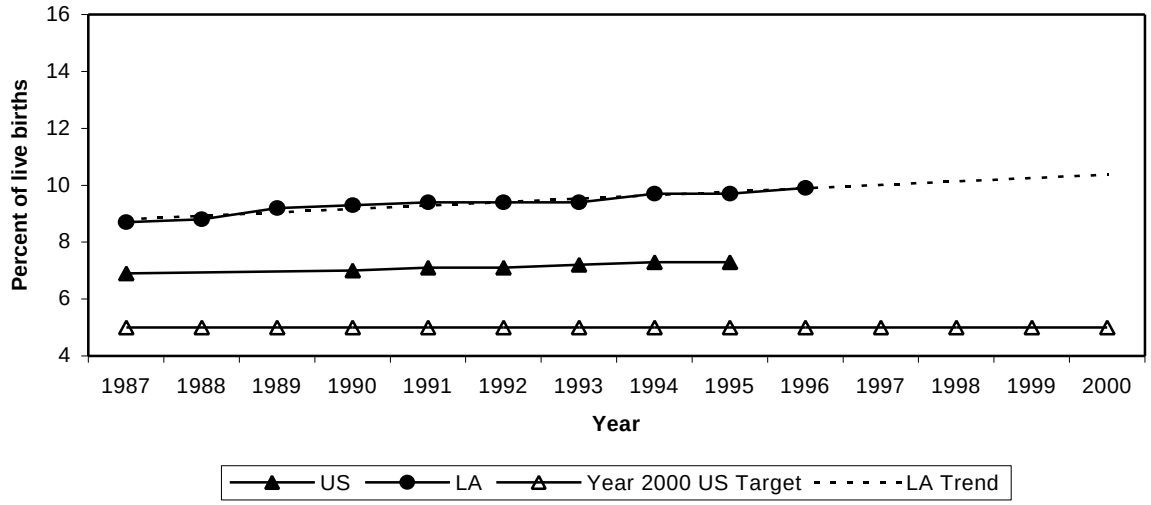
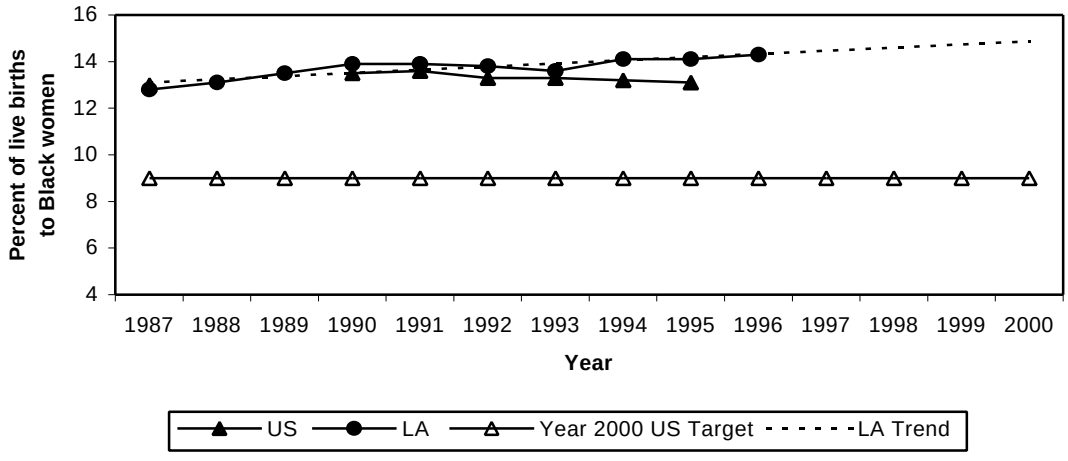


Figure HP32. Percents of Live Births Less Than 2500 Grams Born to Black Women Louisiana and United States, 1987-1996



Very Low Birthweight

Very low birth weight rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to reduce the percentage of live births less then 1500 grams (3 pounds 8 ounces) to 1 percent in the general population and 2 percent in African-Americans.

Figure HP33. Percents of Live Births Less Than 1500 Grams Louisiana and United States, 1987-1996

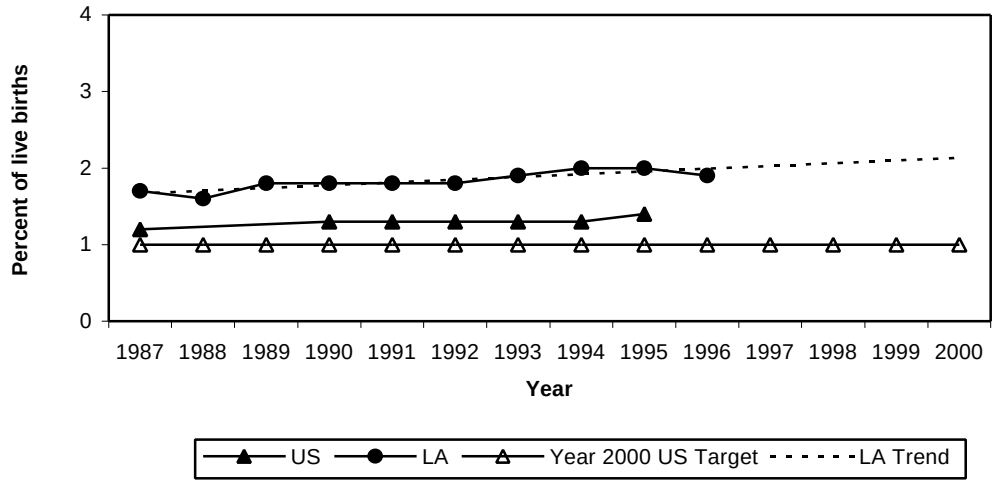
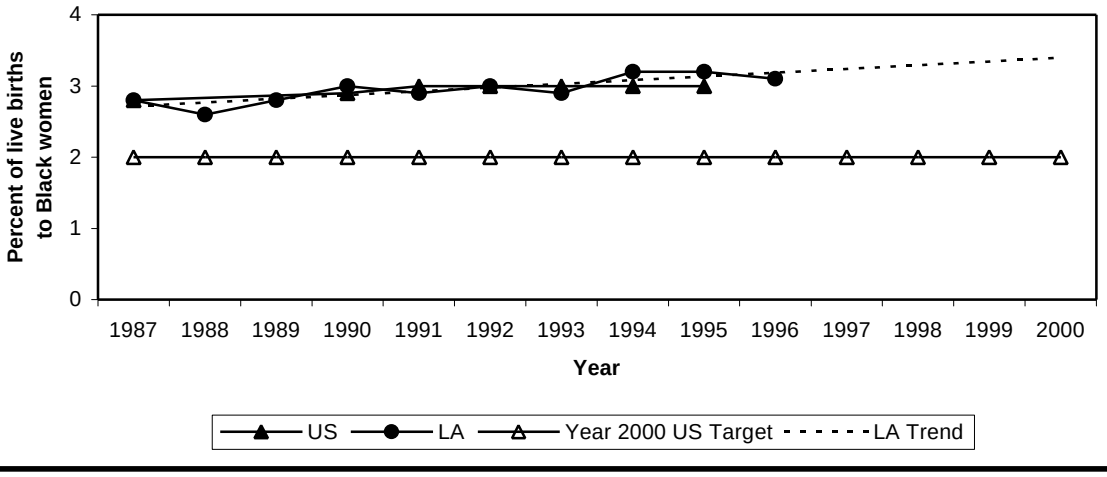


Figure HP34. Percents of Live Births Less Than 1500 Grams Born to Black Women Louisiana and United States, 1987-1996



Prenatal Care

Prenatal care rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to increase the proportion of pregnant mothers receiving prenatal care in the first trimester to 90 per 100 live births in the general population and 90 per 100 live births in African-Americans.

Figure HP35. Percents of Women Receiving Prenatal Care in the First Trimester Louisiana and United States, 1987-1996

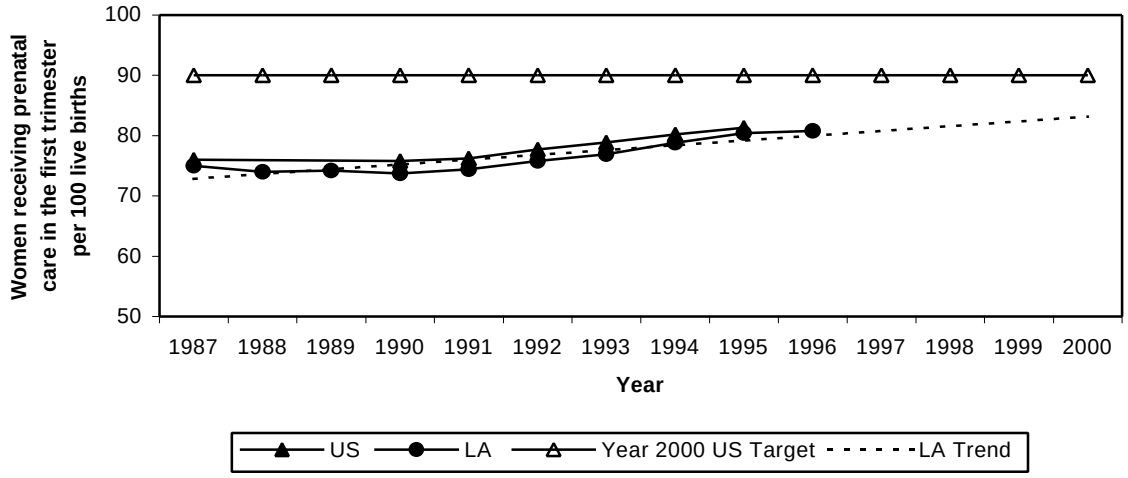
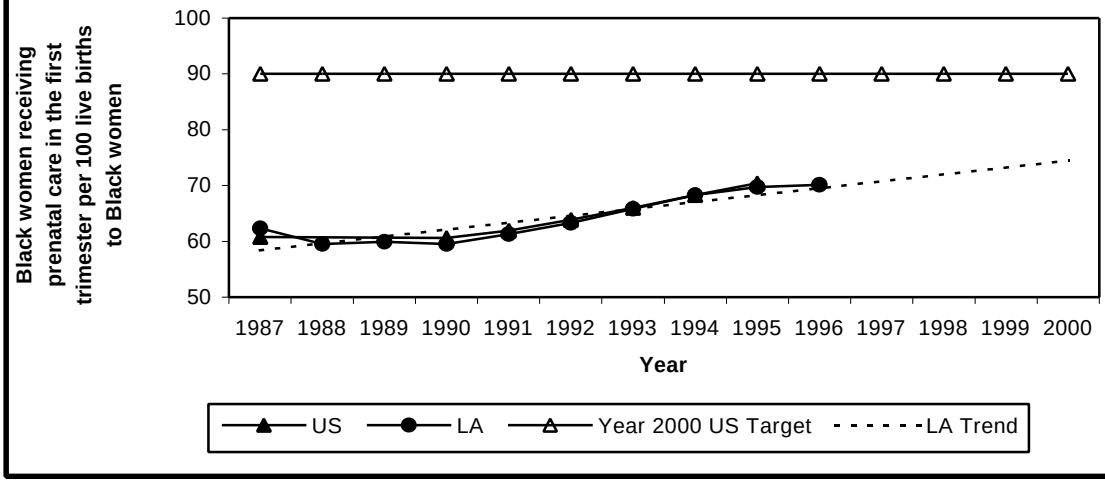


Figure HP36. Percents of Black Women Receiving Prenatal Care in the First Trimester Louisiana and United States, 1987-1996



Cesarean Delivery

Cesarean delivery rates are used to measure progress in Priority Area 14: Maternal and Infant Health. The HP2000 objective is to reduce the percentage to 15 percent of live births by cesarean delivery and 12 percent of live births by primary cesarean delivery.

Figure HP37. Percents of Live Births by Cesarean Delivery Louisiana and United States, 1987-1996

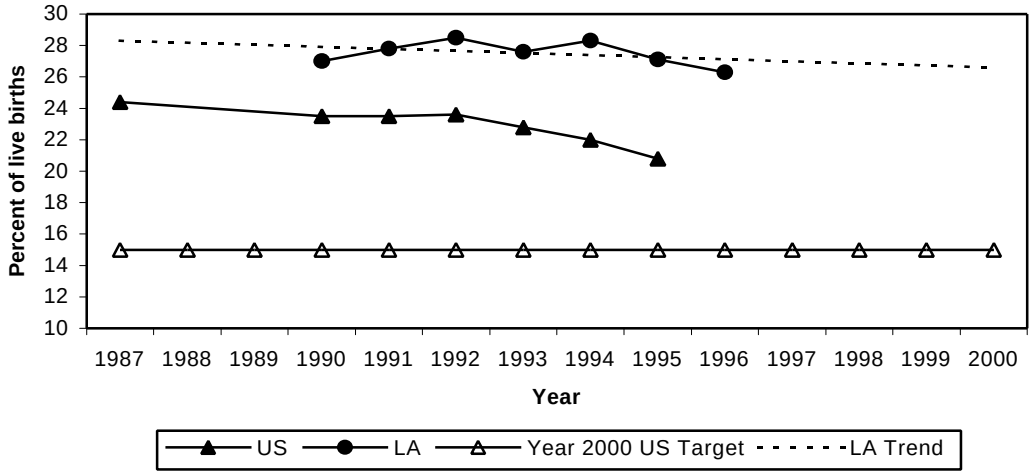


Figure HP38. Percents of Live Births by Primary Cesarean Delivery Louisiana and United States, 1987-1996